



Incident Report

Print Date/Time: 02/02/2016 09:23
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00000811

Incident Date/Time: 1/13/2016 6:27:00 PM
Location: 10732 LAKE VIEW DR
LAKE STEVENS WA 98258
Phone Number: (516) 965-6721
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 2
Status: 2
Nature of Call:

Unit/Personnel

Unit	Personnel
19N2	SS0132-Kilroy
19N3	SS0133-Heinemann
19N4	SS0134-Lyons
19S13	SS0095-Miner

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	GENE					
2	Reporting Party	KATIE		(516) 965-6721			

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car					ATS3975	
Involved Vehicle	Passenger Car		Ford			B66324N	

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

01/13/2016 : 18:43:54 SP0274 Narrative: R&R STAR TOW ENRT

01/13/2016 : 18:37:58 SP0302 Narrative: 2 VEH MOD INV

01/13/2016 : 18:31:12 SP0112 Narrative: Narrative added from associated Call #: 388 - AC 2 VEHS BLKG NO DESCRIPTION

01/13/2016 : 18:29:22 SP0325 Narrative: ND VEHS

01/13/2016 : 18:28:36 SP0407 Narrative: CC, JO, UNK INJ, BLKING, UNK VEH'S



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 2016-811VICTIM ☐ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>Mikeska Jeff Jay</u>		RACE <u>W</u>	ETHNICITY	SEX <u>M</u>	D.O.B. <u>6-13-83</u>	AGE	HGT	WGT	HAIR	EYES
STREET ADDRESS <u>2013 81st SE</u>				CITY <u>Lake Stevens</u>		STATE <u>WA</u>		ZIP <u>98258</u>		
HOME PHONE <u>360-581-4135</u>		CELL PHONE <u>92</u>		WORK PHONE						
EMAIL ADDRESS (OPTIONAL)				PLACE OF EMPLOYMENT						

STATEMENT:

I was pulling out of friends driveway making a left, didn't see anyone coming. Driver came out of nowhere!!!

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: [Signature]

DATE SIGNED:

1-13-16OFFICER NUMBER: 132

DATE SIGNED:

1/13/16

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 206-811VICTIM ☐ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>GROHIE CASSE M</u>	RACE <u>W</u>	ETHNICITY <u>American</u>	SEX <u>F</u>	D.O.B. <u>4-11-74</u>	AGE <u>39</u>	HGT <u>5'2"</u>	WGT <u>160</u>	HAIR <u>BEN</u>	EYES <u>BLU</u>
STREET ADDRESS <u>2000 12010 29TH PL NE</u>			CITY <u>Lake Stevens</u>			STATE <u>WA</u>		ZIP <u>98258</u>	
HOME PHONE		CELL PHONE <u>425-770-7037</u>			WORK PHONE				
EMAIL ADDRESS (OPTIONAL) <u>Cassie.grohie@gmail.com</u>					PLACE OF EMPLOYMENT <u>Delta Marine Industries</u>				

STATEMENT:

Lakeview Dr.

coming up the hill and a car pulled out on a private drive from my right hand side, slammed on my Brakes but they were dashing across the roadway. It happened very fast and where very startled.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

Cassie Grohie

DATE SIGNED:

1/13/2016

OFFICER/NUMBER:

SKILBOY/172

DATE SIGNED:

1/13/16

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591971

REPORT NO. E507770

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION	
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CASE #	2016-000000811
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LOCAL AGENCY CODING	
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TOTAL # OF UNITS	02	OBJECT STRUCK	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	01	-	13	-	2016		1827	31			S	W	OF	0664	

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
LAKE VIEW DRIVE	BLOCK NO. <input checked="" type="checkbox"/>	10700
	MILE POST	

DISTANCE	300	00	MILES	N	E	S	W	OF (REFERENCE OR CROSS STREET)	CEDAR RD
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UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 3605814135
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LAST NAME	MIKESKA	FIRST NAME	JEFFREY	MIDDLE INITIAL	J
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STREET NEW ADDRESS	2013 81ST AVE NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982586452
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	MIKESJJ152LL	STATE	WA	SEX	M	D.O.B. MMDDYYYY	06	-	13	-	1985
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	3	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	ATS3975	STATE	WA	VIN#	1B3LC46K88N586273
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2008	MAKE	DODG	MODEL	AVE4D	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. JEFFREY MIKESKA 2013 81ST AVE NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	VERN FONK TMW0006875
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4257707837
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LAST NAME	GROTHE	FIRST NAME	CASSIE	MIDDLE INITIAL	M
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STREET NEW ADDRESS	14611 ADMIRALTY WAY APT A201
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CITY	LYNNWOOD	ST	WA	ZIP	980871302
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CDL		RESTRICTIONS	J	ENDORSEMENTS	
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DRIVER'S LICENSE #	GROTHCM242JJ	STATE	WA	SEX	F	D.O.B. MMDDYYYY	04	-	11	-	1976
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	0	NATURE OF INJURIES	
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LICENSE PLATE #	B66324N	STATE	WA	VIN#	1FAHP3GN4AW155477
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2010	MAKE	FORD	MODEL	FOC4D	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. CASSIE GROTHE 14611 ADMIRALTY WAY LYNNWOOD WA 98087

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GEICO 0790577100
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	J. KILROY #0132	BADGE OR ID #	#0132	AGENCY	WA0311900
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**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E507770**CASE # **2016-0000000811**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		GROTHE SAVANNAH																
ADDRESS & PHONE # 12010 29TH PL NE LAKE STEVENS WA 98258										SEX F	D.O.B. MMDDYYYY	-	-					
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	9	AIRBAG	3	RESTR.	8	EJECT	1	HELMET USE		INJURY CLASS	0	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-	-					
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-	-					
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit 1 was making a left turn from a private driveway onto Lake View Dr. Unit 2 was traveling east on Lake View Dr. Unit 1 did not see unit 2 and tried to complete the left turn onto Lake View Dr. and collided with unit 2.

Both units were towed from the scene. There are no known injuries at this time and medical was refused.

Unit 1 was at fault due to not grant the right of way to unit 2.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

J. KILROY #0132
01-15-16 02:18 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 0095

DATE

1/21/2016 2:32:16 AM

BADGE OR ID #

#0132

ORI #

WA0311900

TIME POLICE DISPATCHED

6:28 PM

TIME POLICE ARRIVED

6:32 PM

REPORT NO. E507770

CASE # 2016-0000000811

DATE AND TIME
OF COLLISION 01/13/16 18:27



Not To Scale

